Independent Coordination/Case Manager Training Verification

| For | |
|------------------------------------|--|
| | |
| (ISC or Case Manager PRINTED Name) | |

It is the responsibility of the ISC/CM to have the trainer complete and sign this form noting each topic or module attended. When all topics/modules are completed a certification date will be issued by the last trainer providing the final topic/module. This completed document is to be filed in the ISC/CM training file along with a certification issued by TN Dept. of Intellectual and Developmental Disabilities.

| Topic/Module Name | Date Completed | Trainer (PRINT) | Trainer Signature |
|---|----------------|-----------------|------------------------|
| Web-based Training modules plus Title VI, HIPAA and Blood-borne Pathogens | | | Completion Verified by |
| Person Centered Thinking (2 days) | | | |
| Person Centered Individual Support Planning | | | |
| Developing Outcomes and Action Steps | | | |
| Appeals Process | | | |

| TN Department of Intellectual and Developmental Services verifications and Theorem 19 and Theorem 20 and Theore | ies that all training topics have |
|--|-----------------------------------|
| been provided and reflects a completion date of | . |
| (Date) | |
| Completion verified by | |
| (DIDD Trainer) | |